|          |  | PATENT APPLICATION FEE DETERMINATION REG       |   |  |  |                               |                               |           |                     | Application or Docket Number |          |                  |                        |  |
|----------|--|--|---|--|--|-------------------------------|-------------------------------|-----------|---------------------|------------------------------|----------|------------------|------------------------|--|
|          |  |  | CLAIMS  | (Column 1) (   |  |                               | Column 2)                     |           | SMALL ENT           | YTI                          | OR       | OTHER<br>SMALL E |                        |  |
|          | U.S  | . NATIONAL                                     | STAGE FEES  |  |  |                               |                               |           | RATE                | FEE                          |          | RATE             | FEE                    |  |
|          | BASIC FEE  |  |   | SMALL ENT = \$ 150   |  | LARG                          | E ENT. = \$ 300               |           | BASIC FEE           |                              | OR       | BASIC FEE        | 200                    |  |
|          | EXA  | MINATION FE                                    | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100 |  |  | ner situations = 100 / \$ 200 |                               | EXAM. FEE | 7                   |                              | EXAM FEE | 200              |                        |  |
|          | SEARCH FEE   |  |   | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$200/\$400 |  |                               | her situations = 250 / \$ 500 |           | SEARCH FEE          |                              |          | SEARCH FEE       | 400                    |  |
|          | FEE  | FOR EXTRA S                                    | SPEC. PGS.  | minus 100 =  |  |                               | / 50 =                        |           | X \$ 125 =          |                              |          | X \$ 250 =       |                        |  |
|          | τοτ  | AL CHARGEA                                     | BLE CLAIMS  | minus 20 = .   |  |                               | 5                             |           | X \$ 25 =           |                              | OR       | X \$ 50 =        | 280                    |  |
|          | INDI   | EPENDENT CL                                    | AIMS  | 2 minus 3 = .  |  |                               | ~                             |           | X \$ 100 =          |                              | OR       | X \$ 200 =       |                        |  |
|          | MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                                      | SENT   |  |                               |                               |           | + \$ 180 =          |                              | OR       | + \$ 360 =       |                        |  |
|          | * H  | th difference                                  | in column 1 is                                      | ess than zero, enter "0" in col                                  |  |                               | lumn 2                        |           | TOTAL               |                              | OR       | TOTAL            | 1(60)                  |  |
| 9        |  | 12-29-0  | CLAIMS AS   | AMENDED  | ED - PART II<br>(Column 2) (Column 3)      |                               |                               |           | SMALL E             | NTITY                        | OR       | OTHER            |                        |  |
| 18/16/06 | NT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT           |  | HIGH<br>NUM<br>PREVIO<br>PAID              | BER<br>DUSLY                  | PRESENT<br>EXTRA              |           | RATE                | ADDI-<br>TIONAL<br>FEE       |          | RATE             | ADDI-<br>TIONAL<br>FEE |  |
| %        | AMENDMENT  | Total  | . 25  | Minus  | -2   | 5                             |                               |           | X \$ 25 =           |                              | OR       | X \$ 50 =        |                        |  |
| 6        | AMEN   | Independent                                    | . 2   | Minus  | ***  | <u>ろ</u>                      | = (                           |           | X \$ 100 =          |                              | OR       | X \$ 200 =       |                        |  |
| 1/2      |  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  |                               |                               |           | + \$ 180 =          |                              | OR       | + \$ 360 =       | 0                      |  |
| ×        |  |  |   |  |  |                               |                               |           | TOTAL ADDIT.<br>FFF |                              | ÖR       | TOTAL ADDIT.     |                        |  |
|          |  |  |   | -  |  | -                             |                               |           |                     |                              |          |                  |                        |  |
|          | 8 5  |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT     |  | (Colun<br>HIGH<br>NUME<br>PREVIO<br>PAID I | EST<br>BER<br>DUSLY           | (Column 3) PRESENT EXTRA      |           | RATE                | ADDI-<br>TIONAL<br>FEE       |          | RATE             | ADDI-<br>TIONAL<br>FEE |  |
|          | DWE  | Total  | •   | Minus  | **   |                               | ±                             |           | X \$ 25 =           |                              | OR       | X \$ 50 =        |                        |  |
|          | AMENDMENT  | Independent                                    | •   | Minus  | ***  |                               | =                             |           | X \$ 100 =          |                              | OR       | X \$ 200 =       |                        |  |
|          |  | FIRST PRES                                     | ENTATION OF M                                       | JLTIPLE DEPENDENT CLA  |  | CLAIM                         |                               |           | + \$ 180 =          |                              | OR       | + \$ 360 =       |                        |  |
| I        |  |  |   |  |  |                               |                               |           | TOTAL ADDIT.<br>FFF |                              | OR       | TOTAL ADDIT.     |                        |  |
|          | <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |  |   |  |  |                               |                               |           |                     |                              |          |                  |                        |  |

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